U.S. Department of Labor , Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

1. File Number U -

12280

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# FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amerided. Fallure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From

1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.	4 Name, file number, and actress of labor organization
Name Anthony D Macagrons	Name Empire State Fringe Benefit Funds
	Labor Organization File Number 038 - 392
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 215 Staples Street	Street 276 Motor Pirkway
City Farmingdale	City Hauppauge
State New York ZIP Code + 4 11735	State New York ZIP Code + 4 11788
5. Position in labor organization Trusstee	
Enter appropriate data below if, during the past fiscal year, you or your (except as specified in the earn of the second an interest in, engaged in transactions (including loans) with monetary value from an employer whose employers your organic	spouse or minor child directly or indirectly had any of the following interests exclusions set forth in the instructions):  , or derived income or other economic benefit of ization represents or is actively seeking to represent.
6 Name and address of Employer (including trade name, if any)	7 a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any	
PO Box, Bldg., Room No , if any	
Street	7 b. Amount.
Silver	
City	i 1
	·
State ZiP Codo + 4	
	Signature
15. Signature and verification. The undersigned declares, under penalt	by of Perjury and other applicable punalities of the law, that all of the information panying documents), has been examined by the signatory and is, to the best of the

Name of Person Filing Anthony Macagnone		File Number <b>U-</b>		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8 Name and address of Business (including trade name, if any)	9. Business deals with:			
Name Empire State Fringe Benefit Funds	l 			
Trade Name, if any	a. Labo <sup>.</sup> Organiza	алоп		
P.O. Box, Bidg., Room No., if any	c, Employer			
Street 270 Motor Parkway		·		
City Hauppauge				
State New York ZIP Coce + 4 11788				
10. If 9.b. or 9.c is checked give trust or employer's name	11.a. Nature of such clea	.ng.		
Name				
Trade Name, if any				
P.O. Box, Bldg., Room No , if any				
Street	11 b Approximate dollar va	lue of such dealing.		
City	12.a. Nature of interest he	e c or income received		
State ZIP Code + 4	Auto Expense Reim	bursement		
, L	12.b. Amount.	\$161		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14 a Nature of payment			
Name				
Trade Name, if any:	!			
P.O. Box, Bldg., Room No., if any	1			
Street				
City	' 			
State ZIP Code + 4				
	14.b. Amount of payment.			

13.b. is the Business an Employer

or Consultant

Name of Person F	iling Anthony	Macagnone

# Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing vii h your labor organization or with a trust in which your labor organization is interested.

Name and address of Business (including trade name, if any).	9 Business deals with
Name Emire State Fringe Benefit Funds	
Trade Name, if any	a. Labor Organization
P O. Box, Bldg., Room No., if any	b Trust
Street 270 Motor Parkway	c. Employer
City Hauppauge	1
State New York ZIP Code + 4 11788	
10. If 9.b. or 9.c. is checked give trust or employeds name	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No , if any	
Street	
City	
State ZIP Code + 4	11 b. Approximate dollar wille of such dealing.
	12.a. Nature of interest hold or income received.
	Educational Conference Fee
l	
	12.b. Amount. \$1,025

Name of Person Filing Anthony Macagnone

File Number U-

# Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name	e, if any). 9. Business deals with
Name Empire State Fringe Benefit Punds	a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No , if any	b. Hust
Street 270 Motor Parkway	c. Employer
City Hauppuage	
State New York ZIP Code + 4	11788
10. If 9.b. or 9.c. is checked give trust or employer's name	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O Box, Bidg., Room No , if any	
Street	
City	
State ZIP Code + 4	11.b Approximate dollar value of such dealing.
	12.a. Nature of interest hold or income received.
· •	Educational Conference Travel
<u> </u>	
	12.b. Amount. \$275

Name of	Person Filina	Anthony	Madagnone
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# Part B Continuation Page

B. Held an interest in or derived income or economic banefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing vich your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trad	te name, if any).	9 Business deals with
Name Empire State Fringe Benefit  Trade Name, if any	Turis !	X a. Labor Crgarization
P.O. Box, Bidg., Room No , if any		b. Trust
Street 270 Motor Parkway		c. Employer
' City <sub>Наирраиде</sub> I		
State New York ZIP Co	cde + 4 11788	
10. If 9 b or 9.c is checked give trust or employer's Name	name	11.a. Nature of such dealing.
Trade Name, if any.		
PO Box, Bidg., Room No , if any		
Street		
City		
State ZIP 30	ode + 4	11.b. Approximate dol ar value of such dealing
1	 	12.a. Nature of interest hald or income received.
		Educational Conf:rence Travel
		12.b. Amount. \$68

Name of Person Filing Anthony Macagnone

File Number U-

#### Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9 Business deals with
Name Empire State Fringe Benefit Cunds	★ a. Labor Organization
Trade Name, if any	
P O. Box, Bldg., Room No , if any	b. Trust
Street 270 Motor Parkway	c. Employer
City Hauppauge	
State New York ZIP Code + 4 11788	
10. If 9 b, or 9.c is checked give trust or employeds name	11 a. Nature of such ocaling.
Name	
Trade Name, if any.	
PO Box Bldg., Room No , if any	
Street	
City	
State ZIP Code + 4	11 b. Approximate dollar value of such dealing
	12.a. Nature of interest held or income received.
	Educational Conference Lodging
,	
	Ì
	<b>12.b. Amount</b> . \$627

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Name of Person Filing	Anthony	Macagnorea

# Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization consists or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

Name and address of Business (including trade name, if any).	9 Business deats with
Name Empire State Fringe Benefit Funds  Trade Name, fany.	X a. Labor Organization
P O Box, Bldg., Room No , if any	b. Trust
Street 270 Motor Parkway	c. Employer
City Hauppauge	
State New York ZIP Code + 4 11788	
10. If 9.b. or 9.c is checked give trust or employer's name	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P O Box, Bldg , Room No , if any	
Street	
City	
State ZIP Code + 4	11 b. Approximate doltar value of such dealing.
	12.a. Nature of interest held or income received.
	Educational Conference Meals
	12.b. Amount. \$179

Name of Person Filing	Anthony	Macagnone

#### Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or setting or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (in	cluding trade name, if any).	9 Business deals with	
Name Empire State Fringe	Benefit Funds	★ a. Labor Organization	
Trade Name, if any:		b. Trust	
PO Box, Bldg , Room No., if any		D. Hust	
Street 270 Motor Parkway		c. Employer	
City Hauppauge			
State New York	ZIP Code + 4 11788		
10 If 9.b. or 9.c is checked give trust or	employer's rame	11.a. Nature of such dealing.	
Name			
Trade Name, if any:			
P.O. Box, Bldg , Room No , if any			
Street			
City			
State	ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
		12.a. Nature of interest hold or income received.	
1		Trusstee Mecting Lodging	
I			
I		1 	
		İ	
		12.b. Amount.	\$109

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Name of Person Filing	Anthony	Macagnone

### Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9 Business deals with
Name Empire State Fringe Benefit Funds	→ a. Labor Organization
Trade Name, if any. P.O. Box, Bldg , Room No., if any	b. Trust
Street 270 Motor Parkway	c. Employer
City Hauppauge State New York ZIP Code + 4 11788	
10. If 9.b. or 9.c is checked give trust or employer's name  Name	11.a. Nature of such dealing.
Trade Name, if any	
PO Box, Bldg., Room No , if any	
City	
State ZIP Code + 4	11 b. Approximate dol ar value of such dealing
) 	12.a. Nature of interest hald or income received.  Trustee Meeting Ladging
· 	; 
	12.b. Amount. \$220

Name of Person	Filing	Anthony	Macagnone

# Part B Continuation Page

B. Held an interest in or derived income or economic banefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing v. th your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including t	trade name, if any).	9. Business deals with
Name Empire State Fringe Benef Trade Name, if any P.O. Box, Bldg., Room No., if any Street 270 Motor Parkway City Hauppauge	-	
	Code + 4 11788	
10 If 9.b. or 9 c is checked give trust or employed Name  Trade Name, if any:  P O Box, Bldg , Room No , if any  Street  City	•	11.a Nature of such dealing.
State ZIF	Code + 4	11.b Approximate dollar value of such dealing  12.a. Nature of interest hold or income received.  Meeting Lodging
		12.b. Amount. \$310

Name of Person	Filing	Anthony	Macagnone

# Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing v. th your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (inclu	ding trade name, if any).	9 Business deals with	
Name Empire State Fringe Be	enefi, Sunds	★ a. Labor Organization	1
Trade Name, if any		X u. Essay organization	
PO Box, Bidg , Room No., of any		b. Trust	<b>!</b> !
   Street 270 Motor Parkway		c. Employer	
City Hauppauge			1
State New York	ZIP Cods + 4 11788		
10. If 9.b or 9.c is checked give trust or er	mployer's name	11.a. Nature of such dealing.	
Name			
Trade Name, if any			
P.O. Box, Bidg., Room No., if any			1
Street			1
City			
State	ZIP Code + 4	11 b Approximate dollar value of such dealing	
		12.a. Nature of interest held or income received.	
		Membership Dues	
		† 	
		12.b. Amount.	\$30